

A PHI COMPONY

PART 1

DELAWARE LEVEL 1 INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection (Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)

(Application & Conditional Agreement - to be completed prior to installation)

INTERCONNECTION CUSTOMER CON	TACT INFORMATION	
Customer Name: L Wayne Morris		
Mailing Address: 31032 Buttonwood	Drive	
City: Lewes	State: DE	Zip Code: 19958
Contact Person (if other than above):		
Mailing Address (If other than above):		
302-645-1212	/Cumbale	
Telephone (Daytime): 302-040-1212 Facsimile Number: E-Ma	il Address (Bestrad): iwm10	7@gmail.com
Facsimile Number: E-Wa	II Vooiess (vedmien): 5	
Alternate Contact Information		
Name: Mailing Address:		
City:	State:	Zin Code:
Telephone (Daytime):	(Evening):	
Facsimile Number: E-Ma		
Facsimile Number: E-wa	iii Address.	
FACILITY INFORMATION		
Facility Address: 31032 Buttonwood	Drive	
City: Lewes		Code: 19958
	•	
DPL Account # of Facility Site: 336	2 2199 9999	
Energy Source: Photovoltaics	Prime Mover: Photovoltaics	
Type of Application: Initial 🔳 Ac	idition/Upgrade 🔲 1	
50 Name 1	· · · · · · · · · · · · · · · · · · ·	
DC Nameplate Rating: 6 (kW) 6000 (kV)	′_(KVA), AC Inverter Rating ⊆	(kW), AC System
(147)	7	

Jan. 2012

¹ initial if first time generator request. Addition/Upgrade if this is an add-on to a previously approved system.

OE Level 1 Interconnection application/agreement DPL

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Generator (or PV Panel) Manufacturer, Mo (A copy of Generator Nameplate and Manufacturer's S	del #: SIIEVO I FIEX pecification Sheet May Als	so be Submitted)
Inverter Manufacturer: ABB		
Number of Inverters: 1	таушини Трахт	,
Ampere Rating: 25 Amps _{AC} , Number	r of Phases: 🔳 1 [3, Voltage Rating: 240
VAC. 342	100	60
Nominal DC Voltage: 342 Vpc.		
DPL Accessible Disconnect or Lock Box:		
One-line Diagram Attached (Required): Ye		
Do you plan to export power? ² Yes	and the second section of the section o	mated Maximum: 4 KWAC
Estimated Gross Annual Energy Production		
Is the inverter IEEE/UL1741 lab certified? Isling and label information from the appropriate listing Application.)	Yes No (If yes, a suthority, e.g. UL 1741 lis	attach manufacturer's cut sheet showing sting. If no, facility is not eligible for Level 1
Estimated Commissioning Date: 4/15/15		
	(frame (E)	
EQUIPMENT INSTALLATION CONTRAC	TOR Check if owr	ner-installed 🔲
Alutoch United Inc		
Name: Alutech United Inc		Total Control
Mailing Address: 117 Dixon St	DE	40075
City: Selbyville	State: DE	Zip Code: 19975
Telephone (Daytime): 800-233-1144	(Evening): 302-84	11-9059
Facsimile Number: 302-436-5100 E-Mail	Address (Required): d	lerek@ecsnutters.com
ELECTRICAL CONTRACTOR		
AL 4 - L 11-14 - 1 L-		
Name: Alutech United Inc	AND SE	
Malling Address: 117 Dixon St		<u> </u>
City: Selbyville	State: DE	Zip Code: 19975
Telephone (Daytime): 800-233-1144	(Evening): 302-84	41-9059
Facsimile Number: 302-436-5100	E-Mail Address: ru	issell@alutech.com
License number: T1-0005686		
Active License? Yes No No		
Is small generator facility eligible for Net M	etering? Yes 🔳 No	

² Yes, If your expected maximum output of the inverter (kW AC) is greater than the lowest load you anticipate at your facility during maximum PV output (kW). The difference would be the amount you may export.

INSURANCE DISCLOSURE

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The interconnection customer is not required to obtain general liability insurance coverage as a precondition for interconnection approval; however, the interconnection customer is advised to consider obtaining appropriate insurance coverage to cover the interconnection customer's potential liability under this agreement.

CUSTOMER SIGNATURE

I hereby certify that: 1) I have read and understand the terms and conditions which are attached hereto by reference and are a part of this Agreement; 2) I hereby agree to comply with the attached terms and conditions; and 3) to the best of my knowledge, all of the information provided in this application request form is complete and true. I consent to permit the PSC and interconnecting utility to exchange information regarding the generating system to which this application applies.

Interconnection Customer Signature: L. Wayne Morace, Date: 11/1/14
Interconnection Customer Signature:
Printed Name: 1105 to 100 to 1

Conditional Agreement to Interconnect Small Generator Facility (for EDC use only)
Conditional Agreement to Interconnect Small Generator Facility (101 200 059 018)
Receipt of the application fee is acknowledged and, by its signature below, the EDC has determined the interconnection request is complete. Interconnection of the small generator facility is conditionally approved contingent upon the attached terms and conditions of this Agreement the return of the attached Certificate of Completion duly executed, verification of electrical inspection and successful witness test or EDC waiver thereof.
EDC Signature: Date:
Printed Name:Title:



DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection (Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)

(Final Agreement - must be completed after installation and prior to interconnection)

Certificate of Completion

	Mailing Address: 31032 Buttonwood [or	40000
	City: Lewes State	e: DE	Zip Code: 19958
. • • • •	Telephone (Daytime): 302-645-1212	(Evening):	
· Ari		E-Mail Address:	jwm107@gmail.com
	FACILITY INFORMATION		
	Facility Address: 31032 Buttonwood I)r	
•	City: LewesS	State: DE	Zip Code: <u>19958</u>
	DPL Account # of Facility Site: 28	5 5 199 0	999
	Energy Source: Photovoltaics	nme Mover: Photo	
	Design Capacity: 6 (kW) 6000 (kVA	(kVA), AC Inverte)	er Rating 6 (kW), AC System
	Inverter Manufacturer: ABB	Model :	# & Rating: PVI 6000-TL-US
	Number of Inverters: 1		
	EQUIPMENT INSTALLATION CONTRAC	CTOR Check if	owner-installed
	Name: Alutech United Inc		
	Mailing Address: 117 Dixon St		
	City: Selbyville	State: DE	Zip Code: 19975
. •	Telephone (Daytime): 800-233-1144		-841-9059
	Essemble Number: 302-436-5100	_ ,	derek@ecshutters.com

FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE

The Small Generator Facility is complete and has been approved by the local electric inspector in a signed copy of the electric inspectors from indicating final approval is paying jurisdiction. A signed copy of the electric inspectors it is also approved the Small line of the signed copy of the electric inspectors in a signed copy of the electric inspectors in a signed copy of the electric inspectors in a signed copy of the electric inspectors.
attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided
odow
(Signature of interconhection customer)
Printed Name: Wayne Morris
Type of Application: New/Initial Growth/Increase System Capacity 6 KW (DC)
Check if copy of signed electric inspection form is attached
Check is copy of digital discussions,
ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)
The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:
Electric Distribution Company waives Witness Test? (Initial) Yes () No () If not waived, date of successful Witness Test: Passed: (Initial) ()
EDC Signature: Diana C. Villagetis Date: 6/29/15
V

Alutech United, Inc. James Rodrigue PO Box 329 Selbyville, DE 19975 First State Inspection Agency, Inc. 1001 Mattlind Way Milford, DE 19963

> 1-800-468-7338 302-422-3859

611 AAA 11 AAA 1

CERTIFICATE

Final Inspection Date:

Application #:

Owner:

Occupancy:

Location:

5-1

Wayne Morris

Sol

Lev

DIMERS

310 27 Dinawood Dr., Edgewater Est.

Co., DE.

This certifies that the installation application has been apply National Electric Code, util modification, addition or alteration inspection, will require a new

prical equipment listed on referenced injecting the requirements of the injection and Agency rules. Any is injectively system, after the date of final appropriations and certifications.

Chief Electrical Inspector

F.S. CERT

	ergy equipment, inclusive of mounting are?
☐ Yes* ☐ No	(\mathcal{A})
Company Name of Installer	Signature of Company Representative
Address Sethyville, DE 19975 Address	Print Name of Co. Representative
facility identified o If the supplier's invoice shows on the company's matching PO that used/installed, must also be supp o If using a master invoice, a record	Delaware manufactured equipment with this ly a coded Purchase Order (PO) number, a copy of includes the address where the materials were
11. If the Applicant's installation is solar	or wind sited in Delaware:
a. Was the facility physically const consists of at least 75% Delawar ☐ Yes* ☐ No	ructed or installed with a workforce that re residents?
b. Does the installing company em who are Delaware residents?	ploy, in total, a minimum of 75% workers
Alntech United, Inc. Company Name of Installer 17 Dixon Street Address Subjectle, DE 19975 Address	Signature of Company Representative Derek Dyke S Print Name of Co. Representative

^{*}If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.

Documentation Required for Delaware Labor/Workforce Bonus

- 11. If the Applicant's installation is solar or wind sited in Delaware:
 - b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?

intech Ve	rited Inc.	DRA	Green	Street	Solar
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employed the following individuals (list EVERY employee on the payroll during the period from project start date until project completion date). Projects are considered complete upon final interconnection approval to operate. (Attach additional sheets if necessary)

Project Start Date: 5/5/15 Project Complete Date: 6/29/15

Employee Full Name Home Address (As per Tax Withholding) Social Security Number (Last 4 digits Only)

See Attachment

Total Delaware Resident Employees:	20	Total Number of Employees	: 26	
% of Delaware Residents (Delaware Resi	idents Divided	by Total Employees): 77	%	

	NAME	STREET ADDRESS	CITY	ST	ZIP	SS#
1	Jason Roth	32494 Whaleys Way	Laurel	DE	19956	9290
2	Jason Killen	32716 Fisher Place	Frankford	DE	19945	6018
3 1	Brian Reed	27849 Avalon Drive	Georgetown	DE	19947	5300
4	George Carey	36966 Deer Drive	Selbyville	DE	19975	0769
5 1	Dustin Brittingham	2 Leah Street	Georgetown	DE	19947	8601
6	George Pfaller	24501 Cedar Lane	Georgetown	DE	19947	4148
7 \	W. Jeffrey Timmons	133 Kingsbridge Rd.	Rehoboth Beach	DE	19971	3452
8 1	James Webb	629 Gun and Rod Club Road	Harrington	DE	19952	3463
9 [Donnie Baker	35359 Danny Drive	Laurel	DE	19956	4060
10 /	Adam Ash	34683 Burbage Rd.	Frankford	DE	19945	7424
11 [Derek Dykes	34041 South Shell Bridge Road	Laurel	DE	19956	9374
12	Aaron Woods	713 Hurley Park Drive	Seaford	DE	19973	1425
13	Alfred Bangert	17905 Carey's Camp	Laurel	DE	19956	7392
14 [Daniel Fleetwood	36157 Millers Neck Rd.	Frankford	DE	19945	3968
15 F	Richard Gedon	159 West Tingle Drive	Selbyville	DE	19975	0524
16 [David Linehan	26393 Sea Mist Ct.	Millsboro	DE	19966	6485
17 I	Michael Haymond	12640 Beach Hwy.	Greenwood	DE	19950	3501
18 J	John Basch	104 Lakeview Drive	Salisbury	MD	21801	6496
19 F	Russell Pfaller	7167 Chatham Manor Way	Pittsville	MD	21850	3398
20 L	Lisa Bloom	403 143 rd Street, Unit 5	Ocean City	MD	21842	1174
21 N	Mark Caldwell	1004 Philadelphia Avenue, Unit 5	Ocean City	MD	21842	6420
22 F	Richie Wright	5637 Caledonia Drive	Salisbury	MD	21801	3340
23 J	lose Cordoba	Lazy Lagoon Lot 41	Frankford	DE	19945	7642
24 A	Antione Johnson	27542 Holly Hock Lane	Seaford	DE	19973	6029
25 E	Erik Diaz	105 Caroline St. #6	Ocean City	MD	21842	0815
26 V	Victor Martinez-Taylor	48 Duke Street	Selbyville	DE	19975	